

**SCHOOL OF SOCIAL WORK AND HUMAN SERVICES
DEPARTMENT OF SOCIAL WORK – MSW PROGRAM
LEAVE OF ABSENCE PERMISSION FORM**

Student Name: _____ Student ID # _____

Address: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Specialization: _____ Graduation Year: _____

Reason for Leave of Absence : _____

_____ Return Date: _____

Advisor Approval: _____ Date: _____

MSW Coordinator Approval: _____ Date: _____

Chair Approval: _____ Date: _____

APPROVAL OF CONTINUATION IN MSW PROGRAM

New program plan has been completed on (date): _____ (Please Attach)

2 year _____ 3 year _____ 4 year _____ Graduation Year _____

Specialization: _____

Advisor Approval: _____ Date: _____

MSW Coordinator Approval: _____ Date: _____

Chair Approval: _____ Date: _____

Dean of School of Graduate Studies: _____ Date: _____

STUDENTS ARE RESPONSIBLE FOR ADHERENCE TO ALL POLICIES RELATED TO A LEAVE OF ABSENCE AS NOTED IN THE GRADUATE SCHOOL CATALOG: (1) MAINTAIN AT LEAST SIX CREDITS TOWARD THE DEGREE PROGRAM EVERY CALENDAR YEAR (A MINIMUM OF THREE CREDITS IN THE FALL AND SPRING TERMS RESPECTIVELY) or (2) PAY A CONTINUOUS ENROLLMENT FEE DIRECTLY TO THE SCHOOL OF GRADUATE STUDIES.

cc: Director of Field Education
Dean of Health & Human Services